

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In re:

Carolyn G Brown

X

Chapter 13

Case No.: 15-10900

Debtor(s)

X

AFFIDAVIT OF CONTRIBUTION

COUNTY OF _____)
STATE OF _____)

John Brown, being duly sworn, deposes and says that:

1. I am the Debtor's Husband.
2. I receive money from social security and my pension.
3. My gross monthly income is \$2,447.
4. Attached hereto is proof of my income.
5. I am committed to contribute \$2,447 per month towards the Debtor's Chapter 13 Plan.

John Brown
Signature of Contributor

Sworn to me this

2 day of Nov 20015

Shirley Anne Clark
NOTARY PUBLIC

SHIRLEY ANNE CLARK
Notary Public, State of New York
No: 01CL6117383
Qualified in New York County
Commission Expires: November 8, 2016

****DEBTOR(S) MUST ATTACH A COPY OF CONTRIBUTOR'S PAY STUB****

Your New Benefit Amount

003570

BENEFICIARY'S NAME: JOHN BROWN

Your Social Security benefits will increase by 1.7 percent in 2015 because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$2,245.90
- The amount we deduct for Medicare medical insurance is \$104.90
(If you did not have Medicare as of Nov. 20, 2014, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(If you did not elect withholding as of Nov. 1, 2014, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of Nov. 20, 2014, we show \$0.00.)
- After we take any other deductions, you will receive \$2,141.00
on or about Jan. 21, 2015.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express[®] card, or an Electronic Transfer Account. If you still receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org.

What If I Have Questions?

Please visit our website at www.socialsecurity.gov for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States and need assistance of any kind, you can visit your local office.

5TH FLOOR
237 W 48TH STREET
NEW YORK NY

0035701



The Prudential Insurance Company of America
30 Scranton Office Park
Scranton, PA 18507

July 14, 2010

JOHN BROWN
609 COLUMBUS AVE APT 10J
NEW YORK NY 10024

Group Annuity Number: 1258
Customer ID: 4
Quotation of Benefits

Dear Mr. Brown:

Thank you for your recent inquiry concerning your annuity benefits. This package provides you with the descriptions of the forms of annuity available to you, and includes the following information:

- A Summary of Benefit Amounts payable under each available form of annuity.
- A Benefit Request Form.

Here are some guidelines to assist you in completing the retirement process:

- Review this Quotation of Benefits and the enclosed Summary of Benefit Amounts.
- Complete each section of your Benefit Request Form in the order presented.
- Sign the last page of the Benefit Request Form and return the form in its entirety.
- You may choose only one form of annuity.
- Your Summary of Benefit Amounts can be used to compare the different monthly benefit amounts payable under each form of annuity. For assistance in determining which form of annuity best accommodates your needs, you may wish to consult your financial advisor.
- Please keep in mind that the form of annuity you elect may not be changed once your benefit payments begin.
- Please return your completed Benefit Request Form along with any required documentation within 30 days of receipt.

Retirement Information

Your Postponed Retirement Date is June 30, 2010. In order for you to be eligible to start your annuity payments on this date, you must terminate employment.

Normal Form of Annuity

Your normal form of annuity will be the **Single Life Annuity**. Under this form of annuity, monthly payments will be made to you for your lifetime. After your death, no further payments are due unless you are eligible for the Surviving Spouse Allowance.

Surviving Spouse Allowance

If your death occurs after age 55 and you are survived by a qualifying spouse, a monthly lifetime benefit will automatically be paid to your surviving spouse after your death. If eligible, the **Surviving Spouse Allowance** will apply regardless of the form of annuity you elect at retirement. There will be no reduction to your benefit for this coverage. The amount payable to your spouse will be equal to a percentage of at least 40% but not more than 50% of your Single Life Annuity (reduced for early retirement, if applicable). This percentage will be determined in accordance with the terms of the contract based on the age of you and your spouse.

You can provide additional survivor coverage for your spouse by electing the Contingent Annuity option described below.

Optional Forms of Annuity

The following describes the optional forms of annuity available to you.

- If you are single on your Payment Start Date, you may elect one of these optional forms instead of a Single Life Annuity.
- If you are married on your Payment Start Date, you may elect one of these optional forms of annuity in conjunction with the automatic Surviving Spouse Allowance.

Contingent Annuity

A **Contingent Annuity** will provide you with reduced monthly payments for your lifetime. Upon your death, monthly payments equal to a specified percentage of the monthly payments you were receiving will be provided for your contingent annuitant, if living. Your contingent annuitant will receive these monthly payments for his or her lifetime.

You may choose to provide your contingent annuitant with either 50% or 100% of your monthly payment. However, these percentages may be limited if you name a non-spouse contingent annuitant who is more than ten years younger than you.

NOTE: If your spouse is designated as the contingent annuitant, the combined payments to your spouse under this option plus the Surviving Spouse Allowance cannot be greater than the reduced monthly benefit payable to you under the Contingent Annuity option.

Please keep in mind, the amounts quoted on your **Summary of Benefit Amounts** are estimates based on the following data:

Normal Retirement Date:	January 31, 2005
Participant's Date of Birth:	<i>OCT.</i> December 14, 1939
Spouse's Date of Birth:	August 26, 1943
Contingent Annuitant's Date of Birth:	August 26, 1943

SUMMARY OF BENEFIT AMOUNTS

This Summary of Benefit Amounts has been prepared with all reasonable care, but is subject to final evaluation and the provisions of the contract and/or the covered plan in effect at actual retirement.

Postponed Retirement Date: June 30, 2010

Surviving Spouse Allowance
\$139.24
If eligible, your surviving spouse will receive the monthly amount listed above after your death regardless of the form of annuity you elect at retirement. However, the amount payable to your spouse cannot exceed the amount you were receiving.

Form of Annuity	Monthly Amount Due You	Monthly Amount Due After Your Death
Single Life Annuity	\$306.02	\$139.24
50% Contingent Annuity	\$278.78	\$278.63
100% Contingent Annuity	\$255.83	\$255.83

¹ Under the terms of this contract, no change in annuity form is permitted if the monthly amount of any annuity payment would be less than \$10. Any form of annuity unavailable to you will display with the wording "Not Applicable**" in the Summary of Benefit Amounts.

A & P
GROUP POLICY NUMBER: 0890

GROUP UNIVERSAL LIFE STATEMENT OF NET CASH SURRENDER VALUE

CERTIFICATE OWNER:

BROWN, JOHN E
609 COLUMBUS AVE APT 10J
NEW YORK, NY 10024-1435

ACCT #	CERTIFICATE #
0018	319
STATEMENT PERIOD	
09/01/12 - 08/31/13	

CASH VALUE			
		EMPLOYEE	SPOUSE*
Insured's Name	JOHN E		
Certificate Number	5815319		
Cash Value as of 09/01/12		\$31.11	\$0.00
Premium Received**	2,479.08	0.00	
Total Net Expenses	2,429.52-	0.00	
Premium & Other Tax Charges	49.60-	0.00	
Subtotal		0.04-	0.00
Interest Credited		16.62	0.00
Cash Value Balance as of 08/31/13		\$47.69	\$0.00
Death Benefit Amount as of 08/31/13***		\$70,000.00	\$0.00

*** Death Benefit Amount is the total amount of money payable to the beneficiary upon the death of the insured which includes the Life Insurance Coverage amount plus the Net Cash Surrender Value, less any accelerated death benefit paid.

A & P
GROUP POLICY NUMBER: 890
GROUP UNIVERSAL LIFE STATEMENT OF ACCOUNT AS OF 08/31/13

CERTIFICATE OWNER:
BROWN, JOHN E
609 COLUMBUS AVE APT 10J
NEW YORK, NY 10024-1435

ACCT #	CERTIFICATE #
18	19
STATEMENT PERIOD	
09/01/12 - 08/31/13	

I. BENEFIT SUMMARY	EMPLOYEE	SPOUSE*
Insured's Name	JOHN E BROWN	
Original Effective Date	07/01/07	
Certificate Number	5815319	
Life Insurance Coverage	\$70,000.00	\$0.00
Accidental Death Benefit	No	
Child Term Rider	None	

II. MONTHLY COST SUMMARY	EMPLOYEE	SPOUSE*
Life Insurance Cost	\$205.59	\$0.00
Administrative Expense Charge	1.00	0.00
Accidental Death Benefit Cost	0.00	0.00
Child Term Rider Insurance Cost	0.00	0.00
Total Monthly Expense	\$206.59	\$0.00

III. COST SUMMARY	EMPLOYEE	SPOUSE*
Life Insurance Cost	\$2,467.08	\$0.00
Administrative Expense Charge	12.00	0.00
Accidental Death Benefit Cost	0.00	0.00
Child Term Rider Insurance Cost	0.00	0.00
TOTAL EXPENSE	\$2,479.08	\$0.00

PREMIUM RECEIVED		
DURING STATEMENT PERIOD OF		
09/01/12 to 08/31/13 **	\$2,479.08	\$0.00

** If you are participating in the Cash Accumulation Option the "Premium Received" includes the Cash Accumulation contributions you made, if any.
The Group Universal Life Program is underwritten by Connecticut General Life Insurance Co.(CIGNA)
This policy is administered by Seabury & Smith, Inc.

For updated information, call our toll-free number 1-800-828-3485.

* Spouse/Domestic Partner

see reverse side